

| | |
|-------------------------|-------------------|
| Individual Name: | SSN: |
| Individual CRD#: | Firm CRD#: |

Rev. Form U-4 (3/2002)

1. GENERAL INFORMATION

| | | |
|---|---|------------------------|
| First Name: | Middle Name: | Last Name: |
| Suffix: | Firm CRD #: | Firm Name: |
| CRD Branch #: | Employment Date (MM/DD/YYYY): | |
| Firm Billing Code: | Individual CRD #: | Individual SSN: |
| Office of Employment Address Street 1: | | |
| Office of Employment Address Street 2: | | |
| City: | State: | |
| Country: | Postal Code: | |

Private Residence Check Box If the Office of Employment address is a private residence, check this box. ☐

Rev. Form U-4 (3/2002)

2. FINGERPRINT INFORMATION

Electronic Filing Representation

☐ By selecting this option, I represent that I am submitting or promptly will submit to the appropriate SRO fingerprint cards as required under applicable SRO rules.

Fingerprint card barcode _____

Exceptions to the Fingerprint Requirement

- ☐ By selecting this option, I affirm that:
- I have been employed continuously by the *filing firm* in an unregistered capacity since the last submission of a fingerprint card; or
 - I am exempt from the fingerprint requirement because I meet one or more of the exemptions established by Rule 17f-2 under the Securities Exchange Act of 1934.

Investment Adviser Representative Only Applicants

☐ I affirm that I am applying only as an investment adviser representative and that I am not also applying or have not also applied to become a broker-dealer representative. If this radio button/box is selected, continue below.

☐ I am applying for registration only in *jurisdictions* that do not have fingerprint card filing requirements, or

☐ I am applying for registration in *jurisdictions* that have fingerprint card filing requirements and I am submitting the appropriate fingerprint card directly to the *jurisdictions* for processing.

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|-------------------------|-------------------|
| Individual Name: | SSN: |
| Individual CRD#: | Firm CRD#: |

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| | Rev. Form U-4 (3/2002) |
| 3. REGISTRATION WITH UNAFFILIATED FIRMS | |
| <p>Some <i>jurisdictions</i> prohibit "dual registration," which occurs when an individual chooses to maintain a concurrent registration as a representative/agent with two or more <i>firms</i> (either BD or IA <i>firms</i>) that are not affiliated. <i>Jurisdictions</i> that prohibit dual registration would not, for example, permit a broker-dealer agent working with brokerage <i>firm</i> A to maintain a registration with brokerage <i>firm</i> B if <i>firms</i> A and B are not owned or controlled by a common parent. Before seeking a dual registration status, you should consult the applicable rules or statutes of the <i>jurisdictions</i> with which you seek registration for prohibitions on dual registrations or any liability provisions.</p> <p>Please indicate whether the individual will maintain a "dual registration" status by answering the questions in this section. (Note: An individual should answer 'yes' only if the individual is currently registered and is seeking registration with a <i>firm</i> (either BD or IA) that is not affiliated with the individual's current employing <i>firm</i>. If this is an initial application, an individual must answer 'no' to these questions; a "dual registration" may be initiated only after an initial registration has been established).</p> <p>Answer "yes" or "no" to the following questions:</p> <p>A. Will <i>applicant</i> maintain registration with a broker-dealer that is <u>not</u> affiliated with the <i>filing firm</i>? If you answer "yes," list the <i>firm(s)</i> in Section 12 (Employment History).</p> <p>B. Will <i>applicant</i> maintain registration with an investment adviser that is <u>not</u> affiliated with the <i>filing firm</i>? If you answer "yes," list the <i>firm(s)</i> in Section 12 (Employment History).</p> | |

[illegible]

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| Individual Name: | SSN: |
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[illegible]

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| | Rev. Form U-4 (3/2002) |
| 5. JURISDICTION REGISTRATION | |
| Check appropriate <i>jurisdiction(s)</i> for AG (Broker Dealer Agent) and/or RA (Investment Adviser Representative) registration requests. | |

| JURISDICTION | AG | RA | JURISDICTION | AG | RA | JURISDICTION | AG | RA | JURISDICTION | AG | RA |
|----------------------|--------------------------|--------------------------|---------------------|--------------------------|--------------------------|---------------------|--------------------------|--------------------------|---------------------|--------------------------|--------------------------|
| Alabama | <input type="checkbox"/> | <input type="checkbox"/> | Illinois | <input type="checkbox"/> | <input type="checkbox"/> | Montana | <input type="checkbox"/> | <input type="checkbox"/> | Puerto Rico | <input type="checkbox"/> | <input type="checkbox"/> |
| Alaska | <input type="checkbox"/> | <input type="checkbox"/> | Indiana | <input type="checkbox"/> | <input type="checkbox"/> | Nebraska | <input type="checkbox"/> | <input type="checkbox"/> | Rhode Island | <input type="checkbox"/> | <input type="checkbox"/> |
| Arizona | <input type="checkbox"/> | <input type="checkbox"/> | Iowa | <input type="checkbox"/> | <input type="checkbox"/> | Nevada | <input type="checkbox"/> | <input type="checkbox"/> | South Carolina | <input type="checkbox"/> | <input type="checkbox"/> |
| Arkansas | <input type="checkbox"/> | <input type="checkbox"/> | Kansas | <input type="checkbox"/> | <input type="checkbox"/> | New Hampshire | <input type="checkbox"/> | <input type="checkbox"/> | South Dakota | <input type="checkbox"/> | <input type="checkbox"/> |
| California | <input type="checkbox"/> | <input type="checkbox"/> | Kentucky | <input type="checkbox"/> | <input type="checkbox"/> | New Jersey | <input type="checkbox"/> | <input type="checkbox"/> | Tennessee | <input type="checkbox"/> | <input type="checkbox"/> |
| Colorado | <input type="checkbox"/> | <input type="checkbox"/> | Louisiana | <input type="checkbox"/> | <input type="checkbox"/> | New Mexico | <input type="checkbox"/> | <input type="checkbox"/> | Texas | <input type="checkbox"/> | <input type="checkbox"/> |
| Connecticut | <input type="checkbox"/> | <input type="checkbox"/> | Maine | <input type="checkbox"/> | <input type="checkbox"/> | New York | <input type="checkbox"/> | <input type="checkbox"/> | Utah | <input type="checkbox"/> | <input type="checkbox"/> |
| Delaware | <input type="checkbox"/> | <input type="checkbox"/> | Maryland | <input type="checkbox"/> | <input type="checkbox"/> | North Carolina | <input type="checkbox"/> | <input type="checkbox"/> | Vermont | <input type="checkbox"/> | <input type="checkbox"/> |
| District of Columbia | <input type="checkbox"/> | <input type="checkbox"/> | Massachusetts | <input type="checkbox"/> | <input type="checkbox"/> | North Dakota | <input type="checkbox"/> | <input type="checkbox"/> | Virginia | <input type="checkbox"/> | <input type="checkbox"/> |
| Florida | <input type="checkbox"/> | <input type="checkbox"/> | Michigan | <input type="checkbox"/> | <input type="checkbox"/> | Ohio | <input type="checkbox"/> | <input type="checkbox"/> | Washington | <input type="checkbox"/> | <input type="checkbox"/> |
| Georgia | <input type="checkbox"/> | <input type="checkbox"/> | Minnesota | <input type="checkbox"/> | <input type="checkbox"/> | Oklahoma | <input type="checkbox"/> | <input type="checkbox"/> | West Virginia | <input type="checkbox"/> | <input type="checkbox"/> |
| Hawaii | <input type="checkbox"/> | <input type="checkbox"/> | Mississippi | <input type="checkbox"/> | <input type="checkbox"/> | Oregon | <input type="checkbox"/> | <input type="checkbox"/> | Wisconsin | <input type="checkbox"/> | <input type="checkbox"/> |
| Idaho | <input type="checkbox"/> | <input type="checkbox"/> | Missouri | <input type="checkbox"/> | <input type="checkbox"/> | Pennsylvania | <input type="checkbox"/> | <input type="checkbox"/> | Wyoming | <input type="checkbox"/> | <input type="checkbox"/> |

| | |
|---|--|
| AGENT OF THE ISSUER REGISTRATION (AI) <input type="checkbox"/> | Indicate 2 letter <i>jurisdiction</i> code(s): _____ |
|---|--|

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|-------------------------------|-------------------|
| Individual Name: | SSN: |
| Individual CRD#: | Firm CRD#: |
| Rev. Form U-4 (3/2002) | |

6. REGISTRATION REQUESTS WITH AFFILIATED FIRMS

Will *applicant* maintain registration with the firm(s) under common ownership or control with the *filing firm*?
If "yes", fill in the details to indicate a request for registration with additional *firm(s)*.

☐ **Yes** ☐ **No**

If the individual seeks registration with *firm(s)* affiliated with the *filing firm*, complete the following to make a request for registration with the additional *affiliated firm(s)* other than the *filing firm*.

| | | |
|---|-------------------------------------|-------------------------------------|
| Affiliated Firm CRD # | Affiliated Firm Name | |
| Employment Date (MM/DD/YYYY) | Affiliated Firm CRD Branch # | Affiliated Firm Billing Code |
| Office of Employment Address Street 1: | | |
| Office of Employment Address Street 2: | | City: |
| State: | Country: | Postal Code: |
| <div style="border: 1px solid black; width: 100px; height: 20px; position: relative;"> <div style="position: absolute; right: 0; top: 0; bottom: 0; width: 10px; background: linear-gradient(to bottom, transparent 49%, #ccc 49%, #ccc 51%, transparent 51%);"></div> </div> | | |
| <input type="checkbox"/> Check here to request the same <i>SRO</i> and <i>jurisdiction</i> Registrations for this <i>affiliated firm</i> that are requested on this application for the <i>filing firm</i>. | | |
| <input type="checkbox"/> Check here to request different <i>SRO</i> and <i>jurisdiction</i> Registrations <u>than requested</u> on this application for your <i>filing firm</i>. | | |

Rev. Form U-4 (3/2002)

7. EXAMINATION REQUESTS

Scheduling or Rescheduling Examinations Complete this section only if you are scheduling or rescheduling an examination or continuing education session. Do not select the Series 63 or 65 examinations in this section if you have completed Section 5 (JURISDICTION REGISTRATION) and have selected registration in a *jurisdiction*. If you have completed Section 5 (JURISDICTION REGISTRATION), and requested a Broker Dealer Agent (AG) registration in a jurisdiction that requires that you pass the Series 63 examination, a Series 63 examination will be automatically scheduled for you upon submission of this Form U-4. If you have completed Section 5 (JURISDICTION REGISTRATION), and requested an Investment Adviser Representative (RA) registration in a *jurisdiction* that requires that you pass the Series 65 examination, a Series 65 examination will be automatically scheduled for you upon submission of this Form U-4.

| | | | | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> S3 | <input type="checkbox"/> S9 | <input type="checkbox"/> S15 | <input type="checkbox"/> S25 | <input type="checkbox"/> S32 | <input type="checkbox"/> S52 | <input type="checkbox"/> S66 |
| <input type="checkbox"/> S4 | <input type="checkbox"/> S10 | <input type="checkbox"/> S16 | <input type="checkbox"/> S26 | <input type="checkbox"/> S33 | <input type="checkbox"/> S53 | <input type="checkbox"/> S72 |
| <input type="checkbox"/> S5 | <input type="checkbox"/> S11 | <input type="checkbox"/> S17 | <input type="checkbox"/> S27 | <input type="checkbox"/> S37 | <input type="checkbox"/> S55 | <input type="checkbox"/> S73 |
| <input type="checkbox"/> S6 | <input type="checkbox"/> S12 | <input type="checkbox"/> S21 | <input type="checkbox"/> S28 | <input type="checkbox"/> S38 | <input type="checkbox"/> S62 | <input type="checkbox"/> S101 |
| <input type="checkbox"/> S7 | <input type="checkbox"/> S14 | <input type="checkbox"/> S22 | <input type="checkbox"/> S30 | <input type="checkbox"/> S39 | <input type="checkbox"/> S63 | <input type="checkbox"/> S106 |
| <input type="checkbox"/> S7A | <input type="checkbox"/> S14A | <input type="checkbox"/> S24 | <input type="checkbox"/> S31 | <input type="checkbox"/> S42 | <input type="checkbox"/> S65 | <input type="checkbox"/> S201 |

Other _____ (Paper Form Only)

OPTIONAL: Foreign Exam City _____ Date (MM/DD/YYYY) _____

If you have taken an exam prior to registering through the CRD system enter the exam type and date taken.
Exam type: _____ Date taken (MM/DD/YYYY): _____

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|-------------------------|-------------------|
| Individual Name: | SSN: |
| Individual CRD#: | Firm CRD#: |

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|---|-------------------------------|
| | Rev. Form U-4 (3/2002) |
| 8. PROFESSIONAL DESIGNATIONS | |
| Select each designation you currently maintain. | |
| <input type="checkbox"/> Certified Financial Planner | |
| <input type="checkbox"/> Chartered Financial Consultant (ChFC) | |
| <input type="checkbox"/> Personal Financial Specialist (PFS) | |
| <input type="checkbox"/> Chartered Financial Analyst (CFA) | |
| <input type="checkbox"/> Chartered Investment Counselor (CIC) | |

| | | |
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| | Rev. Form U-4 (3/2002) | |
| 9. IDENTIFYING INFORMATION/NAME CHANGE | | |
| First Name | Middle Name | Last Name |
| _____ | _____ | _____ |
| Suffix | Sex | |
| _____ | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Date of Birth (MM/DD/YYYY) | State/Province of Birth | Country of Birth |
| _____ | _____ | _____ |
| Height (ft) | Height (in) | Weight (lbs) |
| _____ | _____ | _____ |
| Hair Color | Eye Color | |
| _____ | _____ | |

| | |
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| | Rev. Form U-4 (3/2002) |
| 10. OTHER NAMES | |
| Enter all other names that you have used or are using, or by which you are known or have been known, other than your legal name, since the age of 18. This field should include, for example, nicknames, aliases, and names used before or after marriage. | |
| First Name | Middle Name |
| _____ | _____ |
| Last Name | Suffix |
| _____ | _____ |

| | |
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| 10. OTHER NAMES | |
| Enter all other names that you have used or are using, or by which you are known or have been known, other than your legal name, since the age of 18. This field should include, for example, nicknames, aliases, and names used before or after marriage. | |
| First Name | Middle Name |
| _____ | _____ |
| Last Name | Suffix |
| _____ | _____ |

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|-------------------------|-------------------|
| Individual Name: | SSN: |
| Individual CRD#: | Firm CRD#: |

Rev. Form U-4 (3/2002)

11. RESIDENTIAL HISTORY

Starting with the current address, give all addresses for the past 5 years. Report changes as they occur.

| | | |
|-------------------------|-------------------------|----------------|
| From (MM/YYYY) | To (MM/YYYY) | |
| Street Address 1 | Street Address 2 | |
| City | State | Country |
| Postal Code | | |

Rev. Form U-4 (3/2002)

11. RESIDENTIAL HISTORY

Starting with the current address, give all addresses for the past 5 years. Report changes as they occur.

| | | |
|-------------------------|-------------------------|----------------|
| From (MM/YYYY) | To (MM/YYYY) | |
| Street Address 1 | Street Address 2 | |
| City | State | Country |
| Postal Code | | |

Rev. Form U-4 (3/2002)

12. EMPLOYMENT HISTORY

Provide complete employment history for the past 10 years. Include the *firm(s)* noted in Section 1 (GENERAL INFORMATION) and Section 6 (REGISTRATION REQUESTS WITH AFFILIATED FIRMS). Include all *firm(s)* from Section 3 (REGISTRATION WITH UNAFFILIATED FIRMS). Account for all time including full and part-time employments, self employment, military service, and homemaking. Also include statuses such as unemployed, full-time education, extended travel, or other similar statuses. Report changes as they occur.

| | | |
|--|----------------------|--------------------------------|
| From (MM/YYYY) | To (MM/YYYY) | Name of Firm or Company |
| City | State | Country |
| Investment-Related Business? | Position Held | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

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|-------------------------|-------------------|
| Individual Name: | SSN: |
| Individual CRD#: | Firm CRD#: |

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| | | Rev. Form U-4 (3/2002) |
| 12. EMPLOYMENT HISTORY | | |
| <p>Provide complete employment history for the past 10 years. Include the <i>firm(s)</i> noted in Section 1 (GENERAL INFORMATION) and Section 6 (REGISTRATION REQUESTS WITH AFFILIATED FIRMS). Include all <i>firm(s)</i> from Section 3 (REGISTRATION WITH UNAFFILIATED FIRMS). Account for all time including full and part-time employments, self employment, military service, and homemaking. Also include statuses such as unemployed, full-time education, extended travel, or other similar statuses. Report changes as they occur.</p> | | |
| From (MM/YYYY) | To (MM/YYYY) | Name of Firm or Company |
| City | State | Country |
| Investment-Related Business? | Position Held | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | | |
|---|----------------------|--------------------------------|
| | | Rev. Form U-4 (3/2002) |
| 12. EMPLOYMENT HISTORY | | |
| <p>Provide complete employment history for the past 10 years. Include the <i>firm(s)</i> noted in Section 1 (GENERAL INFORMATION) and Section 6 (REGISTRATION REQUESTS WITH AFFILIATED FIRMS). Include all <i>firm(s)</i> from Section 3 (REGISTRATION WITH UNAFFILIATED FIRMS). Account for all time including full and part-time employments, self employment, military service, and homemaking. Also include statuses such as unemployed, full-time education, extended travel, or other similar statuses. Report changes as they occur.</p> | | |
| From (MM/YYYY) | To (MM/YYYY) | Name of Firm or Company |
| City | State | Country |
| Investment-Related Business? | Position Held | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | | |
|---|----------------------|--------------------------------|
| | | Rev. Form U-4 (3/2002) |
| 12. EMPLOYMENT HISTORY | | |
| <p>Provide complete employment history for the past 10 years. Include the <i>firm(s)</i> noted in Section 1 (GENERAL INFORMATION) and Section 6 (REGISTRATION REQUESTS WITH AFFILIATED FIRMS). Include all <i>firm(s)</i> from Section 3 (REGISTRATION WITH UNAFFILIATED FIRMS). Account for all time including full and part-time employments, self employment, military service, and homemaking. Also include statuses such as unemployed, full-time education, extended travel, or other similar statuses. Report changes as they occur.</p> | | |
| From (MM/YYYY) | To (MM/YYYY) | Name of Firm or Company |
| City | State | Country |
| Investment-Related Business? | Position Held | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Individual Name:

SSN:

Individual CRD#:

Firm CRD#:

Rev. Form U-4 (3/2002)

13. OTHER BUSINESS

Are you currently engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, agent or otherwise? (Please exclude non *investment-related* activity which is exclusively charitable, civic, religious or fraternal and is recognized as tax exempt.) If YES, please provide the following details: the name of the other business, whether the business is *investment-related*, the address of the other business, the nature of the other business, your position, title, or relationship with the other business, the start date of your relationship, the approximate number of hours/month you devote to the other business, the number of hours you devote to the other business during securities trading hours, and briefly describe your duties relating to the other business.

☐ Yes ☐ No

If 'Yes,' please enter details below.

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Rev. Form U-4 (3/2002)

14. DISCLOSURE QUESTIONS

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS 'YES', COMPLETE DETAILS OF ALL EVENTS OR PROCEEDINGS ON APPROPRIATE DRP(S)

REFER TO THE EXPLANATION OF TERMS SECTION OF FORM U-4 INSTRUCTIONS FOR EXPLANATIONS OF ITALICIZED TERMS.

Criminal Disclosure

| | YES | NO |
|---|--------------------------|--------------------------|
| 14A. (1) Have you ever: | | |
| (a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) been <i>charged</i> with any <i>felony</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Based upon activities that occurred while you exercised <i>control</i> over it, has an organization ever: | | |
| (a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic or foreign court to any <i>felony</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) been <i>charged</i> with any <i>felony</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | |
| 14B. (1) Have you ever: | | |
| (a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor involving</i> : investments or an <i>investment-related</i> business or any fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion or a conspiracy to commit any of these offenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) been <i>charged</i> with a <i>misdemeanor</i> specified in 14B(1)(a)? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Based upon activities that occurred while you exercised <i>control</i> over it, has an organization ever: | | |
| (a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic or foreign court to a <i>misdemeanor</i> specified in 14B(1)(a)? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) been <i>charged</i> with a <i>misdemeanor</i> specified in 14B(1)(a)? | <input type="checkbox"/> | <input type="checkbox"/> |

| | |
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| Regulatory Disciplinary Actions | | |
|--|--------------------------|--------------------------|
| 14C. Has the U.S. Securities and Exchange Commission or the Commodity Futures Trading Commission ever: | YES | NO |
| (1) <i>found</i> you to have made a false statement or omission? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) <i>found</i> you to have been <i>involved</i> in a violation of its regulations or statutes? | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) <i>found</i> you to have been a cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked, or restricted? | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) entered an <i>order</i> against you in connection with <i>investment-related</i> activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| (5) imposed a civil money penalty on you, or <i>ordered</i> you to cease and desist from any activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 14D. Has any other Federal regulatory agency or any state regulatory agency or <i>foreign financial regulatory authority</i> ever: | | |
| (1) <i>found</i> you to have made a false statement or omission or been dishonest, unfair or unethical? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) <i>found</i> you to have been <i>involved</i> in a violation of <i>investment-related</i> regulation(s) or statute(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) <i>found</i> you to have been a cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked or restricted? | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) entered an <i>order</i> against you in connection with an <i>investment-related</i> activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| (5) denied, suspended, or revoked your registration or license or otherwise, by <i>order</i> , prevented you from associating with an <i>investment-related</i> business or restricted your activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 14E. Has any <i>self-regulatory organization</i> or commodities exchange ever: | | |
| (1) <i>found</i> you to have made a false statement or omission? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) <i>found</i> you to have been <i>involved</i> in a violation of its rules (other than a violation designated as a " <i>minor rule violation</i> " under a plan approved by the U.S. Securities and Exchange Commission)? | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) <i>found</i> you to have been the cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked or restricted? | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) disciplined you by expelling or suspending you from membership, barring or suspending your association with its members, or restricting your activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 14F. Has your authorization to act as an attorney, accountant or federal contractor ever been revoked or suspended? | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 14G. Have you been notified, in writing, that you are now the subject of any: | | |
| (1) regulatory complaint or <i>proceeding</i> that could result in a "yes" answer to any part of 14C, D or E? (<i>If yes, complete the Regulatory Action Disclosure Reporting Page.</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) <i>investigation</i> that could result in a "yes" answer to any part of 14A, B, C, D or E? (<i>If yes, complete the Investigation Disclosure Reporting Page.</i>) | <input type="checkbox"/> | <input type="checkbox"/> |

| | |
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| Individual Name: | SSN: |
| Individual CRD#: | Firm CRD#: |

| Civil Judicial Actions | | |
|--|--------------------------|--------------------------|
| 14H. (1) Has any domestic or foreign court ever: | YES | NO |
| (a) <i>enjoined</i> you in connection with any <i>investment-related</i> activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) <i>found</i> that you were <i>involved</i> in a violation of any <i>investment-related</i> statute(s) or regulation(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) dismissed, pursuant to a settlement agreement, an <i>investment-related</i> civil action brought against you by a state or <i>foreign financial regulatory authority</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Are you named in any pending <i>investment-related</i> civil action that could result in a "yes" answer to any part of 14H(1)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Customer Complaints | | |
| 14I. (1) Have you ever been named as a respondent/defendant in an <i>investment-related</i> consumer-initiated arbitration or civil litigation which alleged that you were <i>involved</i> in one or more <i>sales practice violations</i> and which: | YES | NO |
| (a) is still pending, or; | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) resulted in an arbitration award or civil judgment against you, regardless of amount, or; | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) was settled for an amount of \$10,000 or more? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Have you ever been the subject of an <i>investment-related</i> , consumer-initiated complaint, not otherwise reported under question 14I(1) above, which alleged that you were <i>involved</i> in one or more <i>sales practice violations</i> , and which complaint was settled for an amount of \$10,000 or more? | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Within the past twenty four (24) months, have you been the subject of an <i>investment-related</i> , consumer-initiated written complaint, not otherwise reported under question 14I(1) or 14I(2) above, which: | | |
| (a) alleged that you were <i>involved</i> in one or more <i>sales practice violations</i> and contained a claim for compensatory damages of \$5,000 or more (if no damage amount is alleged, the complaint must be reported unless the firm has made a good faith determination that the damages from the alleged conduct would be less than \$5,000), or; | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) alleged that you were <i>involved</i> in forgery, theft, misappropriation or conversion of funds or securities? | <input type="checkbox"/> | <input type="checkbox"/> |
| Terminations | | |
| 14J. Have you ever voluntarily <i>resigned</i> , been discharged or permitted to <i>resign</i> after allegations were made that accused you of: | YES | NO |
| (1) violating <i>investment-related</i> statutes, regulations, rules, or industry standards of conduct? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) fraud or the wrongful taking of property? | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) failure to supervise in connection with <i>investment-related</i> statutes, regulations, rules or industry standards of conduct? | <input type="checkbox"/> | <input type="checkbox"/> |

| | |
|-------------------------|-------------------|
| Individual Name: | SSN: |
| Individual CRD#: | Firm CRD#: |

| Financial | | |
|--|--------------------------|--------------------------|
| 14K. Within the past 10 years: | YES | NO |
| (1) have you made a compromise with creditors, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) based upon events that occurred while you exercised <i>control</i> over it, has an organization made a compromise with creditors, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition? | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) based upon events that occurred while you exercised <i>control</i> over it, has a broker or dealer been the subject of an involuntary bankruptcy petition, or had a trustee appointed, or had a direct payment procedure initiated under the Securities Investor Protection Act? | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 14L. Has a bonding company ever denied, paid out on, or revoked a bond for you? | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 14M. Do you have any unsatisfied judgments or liens against you? | <input type="checkbox"/> | <input type="checkbox"/> |

| | Rev. Form U-4 (3/2002) |
|--|------------------------|
| 15. SIGNATURES | |
| Please Read Carefully | |
| All signatures required on this Form U-4 filing must be made in this section. | |
| A "signature" includes a manual signature or an electronically transmitted equivalent. For purposes of an electronic form filing, a signature is effected by typing a name in the designated signature field. By typing a name in this field, the signatory acknowledges and represents that the entry constitutes in every way, use, or aspect, his or her legally binding signature. | |
| 15A. INDIVIDUAL/APPLICANT'S ACKNOWLEDGMENT AND CONSENT This section must be completed on all initial or Temporary Registration form filings. | |
| 15B. FIRM/APPROPRIATE SIGNATORY REPRESENTATIONS This section must be completed on all initial or Temporary Registration form filings. | |
| 15C. TEMPORARY REGISTRATION ACKNOWLEDGMENT This section must be completed on Temporary Registration form filings to be able to receive Temporary registration. | |
| 15D. INDIVIDUAL/APPLICANT'S AMENDMENT ACKNOWLEDGMENT AND CONSENT This section must be completed on any amendment filing that amends any information in Section 14 (Disclosure Questions) or any Disclosure Reporting Page (DRP). | |
| 15E. FIRM/APPROPRIATE SIGNATORY AMENDMENT REPRESENTATIONS This section must be completed on all amendment form filings. | |
| 15F. FIRM/APPROPRIATE SIGNATORY CONCURRENCE This section must be completed to concur with a U4 filing made by another firm (IA/BD) on behalf of an individual that is also registered with that other firm (IA/BD). | |

| | |
|-------------------------|-------------------|
| Individual Name: | SSN: |
| Individual CRD#: | Firm CRD#: |

15A. INDIVIDUAL/APPLICANT'S ACKNOWLEDGMENT AND CONSENT

1. I swear or affirm that I have read and understand the items and instructions on this form and that my answers (including attachments) are true and complete to the best of my knowledge. I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers.
 2. I apply for registration with the *jurisdictions* and *SROs* indicated in Section 4 (SRO REGISTRATION) and Section 5 (JURISDICTION REGISTRATION) as may be amended from time to time and in consideration of the *jurisdictions* and *SROs* receiving and considering my application, I submit to the authority of the *jurisdictions* and *SROs* and agree to comply with all provisions, conditions and covenants of the statutes, constitutions, certificates of incorporation, by-laws and rules and regulations of the *jurisdictions* and *SROs* as they are or may be adopted, or amended from time to time. I further agree to be subject to and comply with all requirements, rulings, orders, directives and decisions of, and penalties, prohibitions and limitations imposed by the *jurisdictions* and *SROs*, subject to right of appeal or review as provided by law.
 3. I agree that neither the *jurisdictions* or *SROs* nor any person acting on their behalf shall be liable to me for action taken or omitted to be taken in official capacity or in the scope of employment, except as otherwise provided in the statutes, constitutions, certificates of incorporation, by-laws or the rules and regulations of the *jurisdictions* and *SROs*.
 4. I authorize the *jurisdictions*, *SROs*, and the *designated entity*, to give any information they may have concerning me to any employer or prospective employer, any federal, state or municipal agency, or any other *SRO* and I release the *jurisdictions*, *SROs*, and the *designated entity*, and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
 5. I agree to arbitrate any dispute, claim or controversy that may arise between me and my firm, or a customer, or any other person, that is required to be arbitrated under the rules, constitutions, or by-laws of the *SROs* indicated in Section 4 (SRO REGISTRATION) as may be amended from time to time and that any arbitration award rendered against me may be entered as a judgment in any court of competent jurisdiction.
 6. For the purpose of complying with the laws relating to the offer or sale of securities or commodities or investment advisory activities, I irrevocably appoint the administrator of each *jurisdiction* indicated in Section 5 (JURISDICTION REGISTRATION) as may be amended from time to time, or such other person designated by law, and the successors in such office, my attorney upon whom may be served any notice, process, pleading, subpoena or other document in any action or *proceeding* against me arising out of or in connection with the offer or sale of securities or commodities, or investment advisory activities or out of the violation or alleged violation of the laws of such *jurisdictions*. I consent that any such action or *proceeding* against me may be commenced in any court of competent jurisdiction and proper venue by service of process upon the appointee as if I were a resident of, and had been lawfully served with process in the *jurisdiction*. I request that a copy of any notice, process, pleading, subpoena or other document served hereunder be mailed to my current residential address as reflected in this form or any amendment thereto.
 7. I consent that the service of any process, pleading, subpoena, or other document in any *investigation* or administrative *proceeding* conducted by the SEC, CFTC or a *jurisdiction* or in any civil action in which the SEC, CFTC or a *jurisdiction* are plaintiffs, or the notice of any *investigation* or *proceeding* by any *SRO* against the applicant, may be made by personal service or by regular, registered or certified mail or confirmed telegram to me at my most recent business or home address as reflected in this Form U-4, or any amendment thereto, by leaving such documents or notice at such address, or by any other legally permissible means.
- I further stipulate and agree that any civil action or administrative *proceeding* instituted by the SEC, CFTC or a *jurisdiction* may be commenced by the service of process as described herein, and that service of an administrative subpoena shall be effected by such service, and that service as aforesaid shall be taken and held in all courts and administrative tribunals to be valid and binding as if personal service thereof had been made.

8. I authorize all my employers and any other person to furnish to any *jurisdiction, SRO, designated entity*, employer, prospective employer, or any agent acting on its behalf, any information they have, including without limitation my creditworthiness, character, ability, business activities, educational background, general reputation, history of my employment and, in the case of former employers, complete reasons for my termination. Moreover, I release each employer, former employer and each other person from any and all liability, of whatever nature, by reason of furnishing any of the above information, including that information reported on the Uniform Termination Notice for Securities Industry Registration (Form U-5). I recognize that I may be the subject of an investigative consumer report and waive any requirement of notification with respect to any investigative consumer report ordered by any *jurisdiction, SRO, designated entity*, employer, or prospective employer. I understand that I have the right to request complete and accurate disclosure by the *jurisdiction, SRO, designated entity*, employer or prospective employer of the nature and scope of the requested investigative consumer report.
9. I understand and certify that the representations in this form apply to all employers with whom I seek registration as indicated in Section 1 (GENERAL INFORMATION) or Section 6 (REGISTRATION REQUESTS WITH AFFILIATED FIRMS) of this form. I agree to update this form by causing an amendment to be filed on a timely basis whenever changes occur to answers previously reported. Further, I represent that, to the extent any information previously submitted is not amended, the information provided in this form is currently accurate and complete.
10. I authorize any employer or prospective employer to file electronically on my behalf any information required in this form or any amendment thereto; I certify that I have reviewed and approved the information to be submitted to any *jurisdiction* or *SRO* on this Form U-4 Application. I agree that I will review and approve all disclosure information that will be filed electronically on my behalf; I further agree to waive any objection to the admissibility of the electronically filed records in any criminal, civil, or administrative *proceeding*.

Applicant or applicant's agent has typed applicant's name under this section to attest to the completeness and accuracy of this record. The applicant recognizes that this typed name constitutes, in every way, use or aspect, his or her legally binding signature.

Date (MM/DD/YYYY)

Signature of Applicant

Printed Name _____

15B. FIRM/APPROPRIATE SIGNATORY REPRESENTATIONS

THE FIRM MUST COMPLETE THE FOLLOWING:

To the best of my knowledge and belief, the applicant is currently bonded where required, and, at the time of approval, will be familiar with the statutes, constitution(s), rules and by-laws of the agency, *jurisdiction* or *SRO* with which this application is being filed, and the rules governing registered persons, and will be fully qualified for the position for which application is being made herein. I agree that, notwithstanding the approval of such agency, *jurisdiction* or *SRO* which hereby is requested, I will not employ the applicant in the capacity stated herein without first receiving the approval of any authority that may be required by law.

This firm has communicated with all of the applicant's previous employers for the past three years and has documentation on file with the names of the persons contacted and the date of contact. In addition, I have taken appropriate steps to verify the accuracy and completeness of the information contained in and with this application.

I have provided the applicant an opportunity to review the information contained herein and the applicant has approved this information and signed the Form U-4.

Date (MM/DD/YYYY)

Signature of Appropriate Signatory

Printed Name _____

| | |
|-------------------------|-------------------|
| Individual Name: | SSN: |
| Individual CRD#: | Firm CRD#: |

15C. TEMPORARY REGISTRATION ACKNOWLEDGMENT

If an applicant has been registered in a *jurisdiction* or *self regulatory organization (SRO)* in the 30 days prior to the date an application for registration is filed with the Central Registration Depository or Investment Adviser Registration Depository, he or she may qualify for a Temporary Registration to conduct securities business in that *jurisdiction* or *SRO* if this acknowledgment is executed and filed with the Form U-4 at the applicant's firm.

This acknowledgment must be signed only if the applicant intends to apply for a Temporary Registration while the application for registration is under review.

I request a Temporary Registration in each *jurisdiction* and/or *SRO* requested on this Form U-4, while my registration with the *jurisdiction(s)* and/or *SRO(s)* requested is under review;

I am requesting a Temporary Registration with the firm filing on my behalf for the *jurisdiction* and/or *SRO(s)* noted in Section 4 (SRO REGISTRATION) and/or Section 5 (JURISDICTION REGISTRATION) of this Form U-4;

I understand that I may request a Temporary Registration only in those *jurisdiction(s)* and/or *SRO(s)* in which I have been registered with my prior firm within the previous 30 days;

I understand that I may not engage in any securities activities requiring registration in a *jurisdiction* and/or *SRO* until I have received notice from the CRD or IARD that I have been granted a Temporary Registration in that *jurisdiction* and/or *SRO*;

I agree that until the Temporary Registration has been replaced by a registration, any *jurisdiction* and/or *SRO* in which I have applied for registration may withdraw the Temporary Registration;

If a *jurisdiction* or *SRO* withdraws my Temporary Registration, my application will then be held pending in that *jurisdiction* and/or *SRO* until its review is complete and the registration is granted or denied, or the application is withdrawn.

I understand and agree that, in the event my Temporary Registration is withdrawn by a *jurisdiction* and/or *SRO*, I must immediately cease any securities activities requiring a registration in that *jurisdiction* and/or *SRO* until it grants my registration;

I understand that by executing this Acknowledgment I am agreeing not to challenge the withdrawal of a Temporary Registration; however, I do not waive any right I may have in any *jurisdiction* and/or *SRO* with respect to any decision by that *jurisdiction* and/or *SRO* to deny my application for registration.

Date (MM/DD/YYYY)

Signature of Applicant

Printed Name _____

15D. AMENDMENT INDIVIDUAL/APPLICANT'S ACKNOWLEDGMENT AND CONSENT

Date (MM/DD/YYYY)

Signature of Applicant

Printed Name _____

15E. FIRM/APPROPRIATE SIGNATORY AMENDMENT REPRESENTATIONS

THE FIRM MUST COMPLETE THE FOLLOWING:

Date (MM/DD/YYYY)

Signature of Appropriate Signatory

Printed Name _____

15F. FIRM/APPROPRIATE SIGNATORY CONCURRENCE

By typing an appropriate signatory's name in this field, I swear or affirm that I have reviewed and that I concur with this filing.

Date (MM/DD/YYYY)

Signature of Appropriate Signatory

Printed Name _____

| | |
|-------------------------|-------------------|
| Individual Name: | SSN: |
| Individual CRD: | Firm CRD#: |

| DISCLOSURE REPORTING PAGES | |
|----------------------------|------------------------|
| | Rev. Form U-4 (3/2002) |
| Criminal DRP | |

This Disclosure Reporting Page is an ☐ **INITIAL** OR ☐ **AMENDED** response to report details for affirmative responses to **Questions 14A and 14B** on Form U-4;

Check questions(s) you are responding to:

| | | | |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> 14A(1)(a) | <input type="checkbox"/> 14A(2)(a) | <input type="checkbox"/> 14B(1)(a) | <input type="checkbox"/> 14B(2)(a) |
| <input type="checkbox"/> 14A(1)(b) | <input type="checkbox"/> 14A(2)(b) | <input type="checkbox"/> 14B(1)(b) | <input type="checkbox"/> 14B(2)(b) |

[Click here to view question text](#)

Use this DRP to report all charges arising out of the same event. One event may result in more than one affirmative answer to the above items. Multiple counts of the same charge arising out of the same event should be reported on the same DRP. Unrelated criminal actions, including separate cases arising out the same event, must be reported on separate DRPs.

Applicable court documents (i.e., criminal complaint, information or indictment as well as judgment of conviction or sentencing documents) must be provided to the CRD if not previously submitted.

1. If charge(s) were brought against an organization over which you exercise(d) control: Enter Organization Name, whether or not the organization was an *investment-related* business and your position, title or relationship.

2. Formal Charge(s) were brought in: (include name of Federal, Military, State or Foreign Court, Location of Court - City or County and State or Country, Docket/Case number).

3. **Event Disclosure Detail** (Use this for both organizational and individual charges.)

A. Date First Charged (MM/DD/YYYY):

☐ **Exact** ☐ **Explanation**

If not exact, provide explanation:

B. Event Disclosure Detail (include Charge(s)/Charge Description(s), and for each charge provide: 1. number of counts, 2. *felony* or *misdemeanor*, 3. plea for each charge, and 4. product type if charge is *investment-related*):

C. Did any of the Charge(s) within the Event involve a *Felony*? ☐ **Yes** ☐ **No**

D. Current status of the Event? ☐ **Pending** ☐ **On Appeal** ☐ **Final**

E. Event Status Date (complete unless status is pending) (MM/DD/YYYY):

☐ **Exact** ☐ **Explanation**

If not exact, provide explanation:

4. **Disposition Disclosure Detail**

Include for each charge, A. Disposition Type [e.g., convicted, acquitted, dismissed, pretrial, etc.], B. Date, C. Sentence/Penalty, D. Duration [if sentence - suspension, probation, etc.], E. Start Date of Penalty, F. Penalty/Fine Amount and G. Date Paid.

5. Provide a brief summary of circumstances leading to the charge(s) as well as the disposition. Include the relevant dates when the conduct which was the subject of the charge(s) occurred. (Your information must fit within the space provided.)

| | |
|-------------------------|-------------------|
| Individual Name: | SSN: |
| Individual CRD: | Firm CRD#: |

| | |
|--|-------------------------------|
| | Rev. Form U-4 (3/2002) |
|--|-------------------------------|

Regulatory Action DRP

This Disclosure Reporting Page is an ☐ **INITIAL OR** ☐ **AMENDED** response to report details for affirmative response to **Questions 14C, 14D, 14E, 14F and 14G(1)** on Form U-4;

Check question(s) you are responding to:

| | | | |
|--|--|--|--|
| <input type="checkbox"/> 14C(1) | <input type="checkbox"/> 14C(5) | <input type="checkbox"/> 14D(4) | <input type="checkbox"/> 14E(3) |
| <input type="checkbox"/> 14C(2) | <input type="checkbox"/> 14D(1) | <input type="checkbox"/> 14D(5) | <input type="checkbox"/> 14E(4) |
| <input type="checkbox"/> 14C(3) | <input type="checkbox"/> 14D(2) | <input type="checkbox"/> 14E(1) | <input type="checkbox"/> 14F |
| <input type="checkbox"/> 14C(4) | <input type="checkbox"/> 14D(3) | <input type="checkbox"/> 14E(2) | <input type="checkbox"/> 14G(1) |

[Click here to view question text](#)

One event may result in more than one affirmative answer within each of the above items. Use only one DRP to report details related to the same event. If an event gives rise to actions by more than one regulator, provide details to each action on a separate DRP.

1. Regulatory Action initiated by:

☐ **SEC**
☐ **Other Federal**
☐ **State**
☐ **SRO**
☐ **Foreign**
 (Full name of regulator, foreign financial regulatory authority, Federal, State, or SRO)

2. Principal Sanction:

Other Sanctions:

3. Date Initiated (MM/DD/YYYY):



Exact



Explanation

If not exact, provide explanation:

| |
|--|
| |
|--|

4. Docket/Case Number:

| |
|--|
| |
|--|

5. Employing *Firm* when activity occurred which led to the regulatory action:

| |
|--|
| |
|--|

6. Principal Product Type:

| |
|--|
| |
|--|

Other Product Types:

| |
|--|
| |
|--|

7. Describe the allegations related to this regulatory action. (Your information must fit within the space provided.):

| |
|--|
| |
|--|

8.

Current Status?



Pending



On Appeal



Final

9. If on appeal, regulatory action appealed to: (SEC, SRO, Federal or State Court) and Date Appeal Filed:

| |
|--|
| |
|--|

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.

10. How was matter resolved:

| |
|--|
| |
|--|

11. Resolution Date (MM/DD/YYYY):



Exact



Explanation

If not exact, provide explanation:

| |
|--|
| |
|--|

12. **Resolution Detail:**

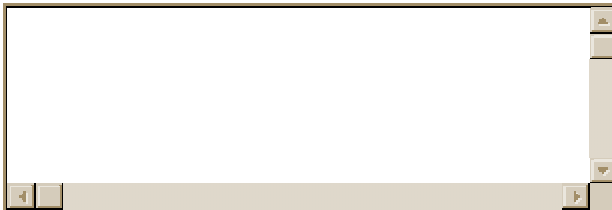
A. Were any of the following Sanctions Ordered? (Check all appropriate items):

- | | |
|---|---|
| <input type="checkbox"/> Monetary/Fine Amount: \$_____ | |
| <input type="checkbox"/> Revocation/Expulsion/Denial | <input type="checkbox"/> Disgorgement/Restitution |
| <input type="checkbox"/> Censure | <input type="checkbox"/> Cease and Desist/Injunction |
| <input type="checkbox"/> Bar | <input type="checkbox"/> Suspension |

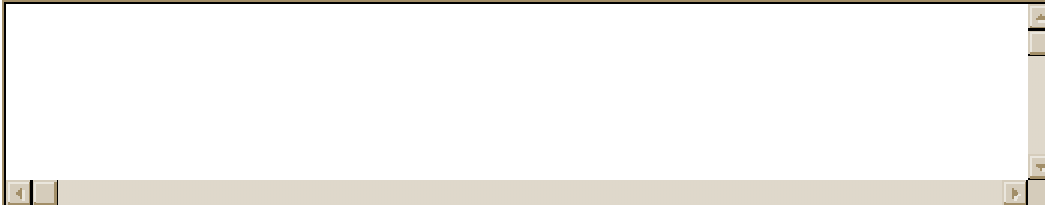
B. Other Sanctions Ordered:

A large rectangular text box with a light beige background and a thin black border. It contains no text. There are small navigation icons (back, forward, search, etc.) visible along the right and bottom edges of the box.

C. Sanction detail: if suspended, enjoined or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you, date paid and if any portion of penalty was waived:

A large rectangular text box with a light beige background and a thin black border. It contains no text. There are small navigation icons (back, forward, search, etc.) visible along the right and bottom edges of the box.

13. Provide a brief summary of details related to the action status and (or) disposition and include relevant terms, conditions and dates. (Your information must fit within the space provided.)

A large rectangular text box with a light beige background and a thin black border. It contains no text. There are small navigation icons (back, forward, search, etc.) visible along the right and bottom edges of the box.

| | |
|-------------------------|-------------------|
| Individual Name: | SSN: |
| Individual CRD: | Firm CRD#: |

| | |
|--|-------------------------------|
| | Rev. Form U-4 (3/2002) |
| Investigation DRP | |
| This Disclosure Reporting Page is an <input type="checkbox"/> INITIAL OR <input type="checkbox"/> AMENDED response to report details for affirmative responses to Question 14G(2) on Form U-4; Check question you are responding to: | |
| <div style="border: 1px solid black; padding: 10px; text-align: center;"> <input type="checkbox"/> 14G(2) Click here to view question text </div> | |
| Complete this DRP only if you are answering "yes" to Item 14G(2). If you answered "yes" to Item 14G(1), complete the Regulatory Action DRP. If you have been notified that the <i>investigation</i> has been concluded without formal action, complete items 1, 2, 3 and 4 of this DRP to update. One event may result in more than one <i>investigation</i> . If more than one authority is investigating you, use a separate DRP to provide details. | |
| 1. Notice Received From: (Name of Regulator, Agency, <i>SRO</i> , etc. initiating the <i>investigation</i>): <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | |
| 2. Notice Date (MM/DD/YYYY): <div style="display: flex; align-items: center;"> <div style="flex: 1; border-bottom: 1px solid black; margin-right: 10px;"></div> <div style="display: flex; gap: 10px;"> <input checked="" type="checkbox"/> Exact <input type="checkbox"/> Explanation </div> </div> If not exact, provide explanation: <div style="border: 1px solid black; height: 50px; width: 100%;"></div> | |
| 3. Describe briefly the nature of the <i>investigation</i> , if known, or details of the resolution. (Your information must fit within the space provided.): <div style="border: 1px solid black; height: 50px; width: 100%;"></div> | |
| 4. Date Resolved (MM/DD/YYYY): <div style="display: flex; align-items: center;"> <div style="flex: 1; border-bottom: 1px solid black; margin-right: 10px;"></div> <div style="display: flex; gap: 10px;"> <input checked="" type="checkbox"/> Exact <input type="checkbox"/> Explanation </div> </div> If not exact, provide explanation: <div style="border: 1px solid black; height: 50px; width: 100%;"></div> | |

Individual Name:

SSN:

Individual CRD#:

Firm CRD#:

Rev. Form U-4 (3/2002)

Civil Judicial DRP

This Disclosure Reporting Page is an ☐ **INITIAL** OR ☐ **AMENDED** response to report details for affirmative response to **Question 14H** on Form U-4;

Check question(s) you are responding to:

☐

14H(1)(a)

☐

14H(1)(b)

☐

14H(1)(c)

☐

14H(2)

[Click here to view question text](#)

One event may result in more than one affirmative answer to the above items. Use only one DRP to report details related to the same event. Unrelated civil judicial actions must be reported on separate DRPs.

1. Court Action initiated by: (Name of regulator, foreign financial regulatory authority, SRO, commodities exchange, Agency, Firm, Private Plaintiff, etc.)

| | | |
|--|--|--|
| | | |
|--|--|--|

2. Principal Relief Sought:

Other Relief Sought:

| | | |
|--|--|--|
| | | |
|--|--|--|

3. Filing Date of Court Action (MM/DD/YYYY):

☐

Exact

☐

Explanation

If not exact, provide explanation:

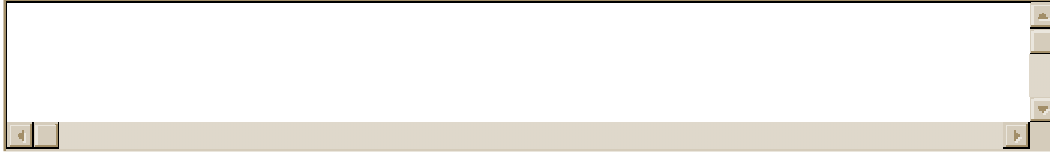
| | | |
|--|--|--|
| | | |
|--|--|--|

4. Principal Product Type:

Other Product Types:

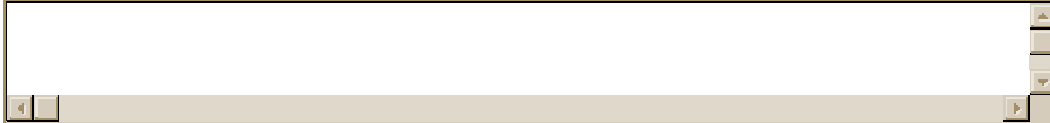
| | | |
|--|--|--|
| | | |
|--|--|--|

5. Formal Action was brought in (include name of Federal, Military, State or Foreign Court, Location of Court - City or County and State or Country, Docket/Case Number):

A large rectangular text input field with a light beige background and a thin black border. It has a scroll bar on the right side and a small icon in the bottom right corner.

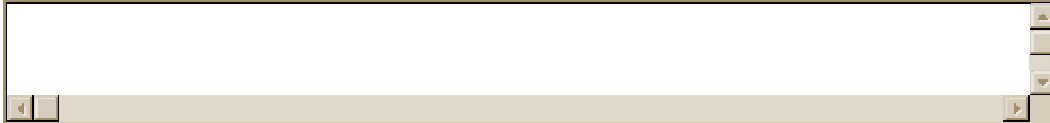
6. Employing Firm when activity occurred which led to the civil judicial action:

7. Describe the allegations related to this civil action. (Your information must fit within the space provided.):

A large rectangular text input field with a light beige background and a thin black border. It has a scroll bar on the right side and a small icon in the bottom right corner.

8. Current Status? ☐ Pending ☐ On Appeal ☐ Final

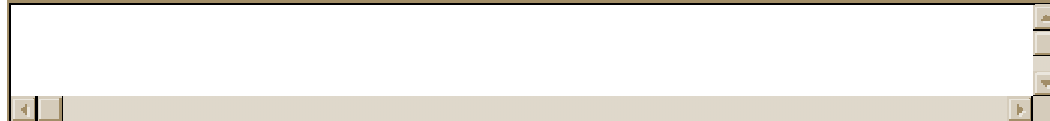
9. If on appeal, action appealed to (provide name of court): Date Appeal Filed (MM/DD/YYYY):

A large rectangular text input field with a light beige background and a thin black border. It has a scroll bar on the right side and a small icon in the bottom right corner.

10. If pending, date notice/process was served (MM/DD/YYYY):

_____ ☐ Exact ☐ Explanation

If not exact, provide explanation:

A large rectangular text input field with a light beige background and a thin black border. It has a scroll bar on the right side and a small icon in the bottom right corner.

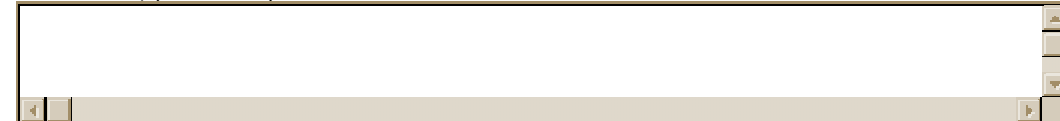
If Final or On Appeal, complete all items below. For Pending Actions, complete Item 14 only.

11. How was matter resolved:

12. Resolution Date (MM/DD/YYYY):

_____ ☐ Exact ☐ Explanation

If not exact, provide explanation:

A large rectangular text input field with a light beige background and a thin black border. It has a scroll bar on the right side and a small icon in the bottom right corner.

13. Resolution Detail:

A. Were any of the following Sanctions Ordered or Relief Granted? (Check appropriate items):

☐

Monetary/Fine Amount: \$_____

☐

Revocation/Expulsion/Denial

☐

Disgorgement/Restitution

☐

Censure

☐

Cease and Desist/Injunction

☐

Bar

☐

Suspension

B. Other Sanctions:

C. Sanction detail: if suspended, enjoined or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you, date paid and if any portion of penalty was waived:

14. Provide a brief summary of circumstances related to action(s), allegation(s), disposition(s) and/or finding(s) disclosed above. (Your information must fit within the space provided.)

| | |
|-------------------------|-------------------|
| Individual Name: | SSN: |
| Individual CRD#: | Firm CRD#: |

Customer Complaint DRP

This Disclosure Reporting Page is an ☐ **INITIAL** OR ☐ **AMENDED** response to report details for affirmative responses to **Questions 14I** on Form U-4;

Check question(s) you are responding to:

☐ **14I(1)(a)**
☐ **14I(1)(b)**
☐ **14I(1)(c)**
☐ **14I(2)**
☐ **14I(3)(a)**
☐ **14I(3)(b)**

[Click here to view question text](#)

One event may result in more than one affirmative answer to the above items. Use only one DRP to report details related to one customer complaint. Use a separate DRP for each customer complaint.

1. Customer Name(s):

| | |
|--|--|
| | |
|--|--|

2. Customer(s) State of Residence:

Other state(s) of residence/detail:

| | |
|--|--|
| | |
|--|--|

3. Employing Firm when activities occurred which led to the complaint:

4. Date Complaint was received (MM/DD/YYYY):

_____ ☐ **Exact** ☐ **Explanation**

If not exact, provide explanation:

| | |
|--|--|
| | |
|--|--|

5. Allegation(s) and a brief summary of events related to the allegation(s) including dates when activities leading to the allegation(s) occurred:

A large rectangular text area with a light beige background and a thin black border. It contains small navigation icons in the corners: a left arrow, a right arrow, and a magnifying glass.

6. Principal Product Type: _____

Other Product Types:

A large rectangular text area with a light beige background and a thin black border. It contains small navigation icons in the corners: a left arrow, a right arrow, and a magnifying glass.

7. Alleged Compensatory Damage Amount: _____

8. Is complaint pending? ☐ Yes ☐ No

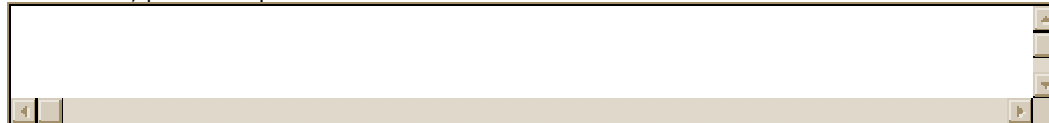
9. If the complaint is not pending, provide status:
If status is settlement, complete questions 11 and 12;
if status is arbitration/reparation, complete questions 13-19;
if status is litigation, complete questions 20-27. Complete question 28 for all statuses.

- | | | |
|--|--|--|
| <input type="checkbox"/> Closed/No Action | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Denied |
| <input type="checkbox"/> Settled | <input type="checkbox"/> Arbitration/Reparation | <input type="checkbox"/> Litigation |

10. Status Date (MM/DD/YYYY): _____

☐ **Exact** ☐ **Explanation**

If not exact, provide explanation:

A large rectangular text area with a light beige background and a thin black border. It contains small navigation icons in the corners: a left arrow, a right arrow, and a magnifying glass.

11. Settlement Amount (if settled without Arbitration, Litigation or Reparation): _____

12. Individual Contribution Amount: _____

IF ARBITRATION OR CFTC REPARATION

13. Arbitration/Reparation claim filed with (NASD, AAA, NYSE, CBOE, CFTC, etc.) and Docket/Case Number:

[illegible]

14. Date notice/process was served (MM/DD/YYYY):

| | Exact | Explanation |
|-------|-------|-------------|
| _____ | | |



If not exact, provide explanation:

[illegible]

15. Is arbitration/reparation pending? ☒ Yes ☐ No

16. If the arbitration is not pending, what was the disposition?

17. Disposition Date (MM/DD/YYYY):

| |  | Exact |  | Explanation |
|-------|---|--------------|---|--------------------|
| _____ | | | | |

If not exact, provide explanation:

[illegible]

18. Amount of Monetary Compensation (award, settlement, reparation amount): \$ _____

19. Individual Contribution Amount: \$ _____

IF CIVIL LITIGATION







20. Court that case was filed in (include name of Federal, Military, State or Foreign Court, Location of Court - City or County and State or Country, Docket/Case number).

[illegible]

21. Date notice/process was served (MM/DD/YYYY):

_____ ☐ **Exact** ☐ **Explanation**

If not exact, provide explanation:

| | | |
|--|--|--|
| | |     |
|   | | |







22. Is the civil litigation pending? ☐ **Yes** ☐ **No**

23. If the civil litigation is not pending, what was the disposition?

24. Disposition Date (MM/DD/YYYY):

_____ ☐ **Exact** ☐ **Explanation**

If not exact, provide explanation:

| | | |
|--|--|--|
| | |     |
|   | | |

25. Amount of Monetary Compensation (judgment, restitution, settlement amount):

\$ _____





26. Individual Contribution Amount:

\$ _____




27. If the action is currently on appeal enter date appeal filed (MM/DD/YYYY):

_____ ☐ **Exact** ☐ **Explanation**

If not exact, provide explanation:

| | | |
|--|--|--|
| | |     |
|   | | |

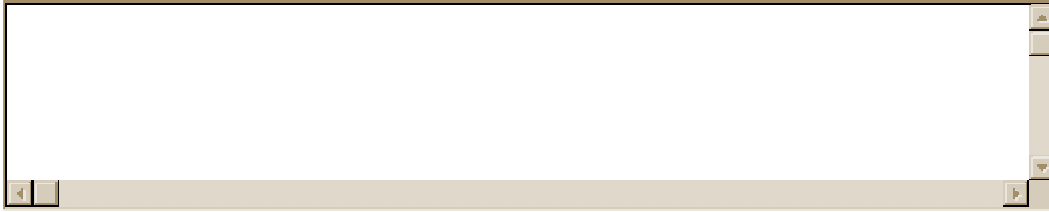
28. Provide details as to dispositions, including any limits or conditions. (Your information must fit within the space provided.)

| | | |
|--|--|--|
| | |     |
|   | | |

| | |
|-------------------------|-------------------|
| Individual Name: | SSN: |
| Individual CRD#: | Firm CRD#: |

| | |
|--|---|
| | Rev. Form U-4 (3/2002) |
| Termination DRP | |
| This Disclosure Reporting Page is an <input type="checkbox"/> INITIAL OR <input type="checkbox"/> AMENDED response to report details for affirmative responses to Question 14J on Form U-4; | |
| Check question(s) you are responding to: | |
| <input type="checkbox"/> 14J(1) | <input type="checkbox"/> 14J(2) |
| <input type="checkbox"/> 14J(3) | |
| Click here to view question text | |
| One event may result in more than one affirmative answer to the above items. Use only one DRP to report details related to the same termination. Use a separate DRP for each termination reported. | |
| 1. Firm Name: _____ | |
| 2. Termination Type: _____ | |
| 3. Termination Date (MM/DD/YYYY): _____ | |
| <input type="checkbox"/> Exact | <input type="checkbox"/> Explanation |
| If not exact, provide explanation: | |
| <div style="border: 1px solid black; height: 50px; width: 100%;"></div> | |
| 4. Allegation(s): | |
| <div style="border: 1px solid black; height: 50px; width: 100%;"></div> | |
| 5. Principal Product Type: _____ | |
| Other Product Types: | |
| <div style="border: 1px solid black; height: 50px; width: 100%;"></div> | |

6. Describe circumstances relating to termination. Including event dates and facts to sufficiently describe conduct leading to termination. (Your information must fit within the space provided.):



| | |
|-------------------------|-------------------|
| Individual Name: | SSN: |
| Individual CRD#: | Firm CRD#: |

| | |
|--|-------------------------------|
| | Rev. Form U-4 (3/2002) |
| Bankruptcy/SIPC/Compromise with Creditors DRP | |

This Disclosure Reporting Page is an ☐ **INITIAL** OR ☐ **AMENDED** response to report details for affirmative responses to **Questions 14K(1), 14K(2) and 14K(3)** on Form U-4;

Check question(s) you are responding to:

| | | |
|--|--|--|
| <input type="checkbox"/> 14K(1) | <input type="checkbox"/> 14K(2) | <input type="checkbox"/> 14K(3) |
| Click here to view question text | | |

If events result in affirmative answers to both 14K(1) and 14K(2), details to each must be provided on separate DRPs.

1. Action Type:

2. Action Date (MM/DD/YYYY):

_____ ☐ **Exact** ☐ **Explanation**

If not exact, provide explanation:

| | |
|--|--|
| | |
|--|--|

3. If the financial action relates to an organization over which you exercise(d) *control*, enter organization name and your position, title or relationship:

| | |
|--|--|
| | |
|--|--|

Was the Organization *investment-related*? ☐ **Yes** ☐ **No**

4. Court action brought in (Name of Federal, State or Foreign Court), Location of Court (City or County and State or Country), Docket/Case Number and Bankruptcy Chapter Number (if Federal Bankruptcy Filing):

| | |
|--|--|
| | |
|--|--|

5. Is action currently pending? ☐ **Yes** ☐ **No**

6. If not pending, provide Disposition Type:

7. Disposition Date (MM/DD/YYYY):



Exact



Explanation

If not exact, provide explanation:

| | |
|--|--|
| | |
| | |

8. Provide a brief summary of events leading to the action and if not discharged, explain. (Your information must fit within the space provided.):

| | |
|--|--|
| | |
| | |

9. If a SIPA trustee was appointed or a direct payment procedure was begun, enter the amount paid or agreed to be paid by you; or the name of the trustee:

| | |
|--|--|
| | |
| | |

Currently Open?



Yes



No

Date Direct Payment Initiated/Filed or Trustee Appointed (MM/DD/YYYY):



Exact



Explanation

If not exact, provide explanation:

| | |
|--|--|
| | |
| | |

10. Provide details to any status/disposition. Include details as to creditors, terms, conditions, amounts due and settlement schedule (if applicable). (Your information must fit within the space provided.)

| | |
|--|--|
| | |
| | |

Individual Name:

SSN:

Individual CRD#:

Firm CRD#:

Rev. Form U-4 (3/2002)

Bond DRP

This Disclosure Reporting Page is an ☐ **INITIAL** OR ☐ **AMENDED** response to report details for affirmative responses to **Question 14L** on Form U-4;

Check question you are responding to:

☐ **14L**

[Click here to view question text](#)

If multiple, unrelated events result in the same affirmative answer, details must be provided on separate DRPs.

1. Firm Name: (Policy Holder)

2. Bonding Company Name:

3. Disposition Type:

4. Disposition Date (MM/DD/YYYY):



Exact



Explanation

If not exact, provide explanation:

| |
|--|
| |
|--|

5. If disposition resulted in Payout, list Payout Amount and Date Paid:

| |
|--|
| |
|--|

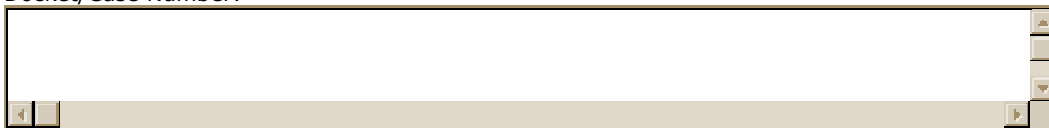
6. Summarize the details of circumstances leading to the necessity of the bonding company action: (Your information must fit within the space provided.)

| |
|--|
| |
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| | |
|-------------------------|-------------------|
| Individual Name: | SSN: |
| Individual CRD#: | Firm CRD#: |

| | |
|--|-------------------------------|
| | Rev. Form U-4 (3/2002) |
| Judgment/Lien DRP | |
| This Disclosure Reporting Page is an <input type="checkbox"/> INITIAL OR <input type="checkbox"/> AMENDED response to report details for affirmative responses to Questions 14M on Form U-4; | |
| Check question you are responding to: | |
| <input type="checkbox"/> 14M Click here to view question text | |
| If multiple, unrelated events result in the same affirmative answer, details must be provided on separate DRPs. | |
| 1. Judgment/Lien Amount: _____ | |
| 2. Judgment/Lien Holder: _____ | |
| 3. Judgment/Lien Type: _____ | |
| 4. Date Filed (MM/DD/YYYY): _____ <input type="checkbox"/> Exact <input type="checkbox"/> Explanation If not exact, provide explanation: <div style="border: 1px solid black; height: 50px; width: 100%;"></div> | |
| 5. Is Judgment/Lien outstanding? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, provide status date (MM/DD/YYYY): _____ <input type="checkbox"/> Exact <input type="checkbox"/> Explanation If not exact, provide explanation: <div style="border: 1px solid black; height: 50px; width: 100%;"></div> If No, how was matter resolved? _____ | |

6. Court (Name of Federal, State or Foreign Court), Location of Court (City or County and State or Country) and Docket/Case Number:



7. Provide a brief summary of events leading to the action and any payment schedule details including current status (if applicable). (Your information must fit within the space provided.):

